

PART B – FEE(S) TRANSMITTAL

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One Logan Square
Philadelphia, PA 19103

Electronically filed on June 11, 2007

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/625,518	7/25/2000	Craig David Weissman	119645-00103.6	6905

TITLE OF INVENTION:

Method and Apparatus for Creating a Well-Formed Database System Using a Computer

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	1400	\$0	\$1400	1/10/2007
EXAMINER	ART UNIT		CLASS-SUBCLASS		
Colan, Giovanna B.	2162				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB122) attached.	1 <u>Blank Rome LLP - Philadelphia</u>
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, 2 _____ 3 _____ no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
E.iphany, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
California

Please check the appropriate assignee category or categories (will not be printed on patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies 12	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2555 (enclose an extra copy of this form.)

5. Change in Entity Status (from status indicated above)	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	
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